



AMENDMENT TRANSMITTAL LETTER			Docket No. 04079/100H629-US2		
Application No. 09/981,684	Filing Date October 17, 2001	Examiner K. Thangavelu	Art Unit 2123		
Applicant(s): Maria-Grazia Ascenzi					
Invention: SYSTEM AND METHOD FOR MODELING BONE STRUCTURE					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	50	- 20 =	30	x 25.00	750.00
Independent Claims	2	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month; Notice of appeal					760.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1,510.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____					
<input checked="" type="checkbox"/> A check in the amount of \$ <u>1,510.00</u> to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-0100</u> as described below.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
_____ Denise L. Poy Attorney Reg. No.: 53,480 DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 527-7766			Dated: <u>August 19, 2005</u>		
Express Mail Label No. _____ Dated: _____					



08/22/05

AFJ
Zhu

Application No. (if known): 09/981,684

Attorney Docket No.: 04079/100H629-US2

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. _____ in an envelope addressed to:

0691012435-US

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on August 19, 2005
Date

Signature

Typed or printed name of person signing Certificate

Registration Number, if applicable

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1 page);
6 Sheets of Drawings (Figs. 3A-B, 4A-C, 5, 6A-C, 7A-B, 8A-D, 12A-B);
Amendment After Final Action (37 C.F.R. Section 1.116) (32 pages);
Amendment Transmittal Letter (1 page);
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page);
Information Disclosure Statement (1 page);
List of References (1 page);
2 NonPatent References;
Return Receipt Postcard;
Notice of Appeal (1 page); and
Check No. 9496 for \$1510.00

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

<p>Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.</p> <p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p>FEE TRANSMITTAL For FY 2005</p>		<p>Complete if Known</p>	
<p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>Application Number</p>	<p>09/981,684</p>
		<p>Filing Date</p>	<p>October 17, 2001</p>
		<p>First Named Inventor</p>	<p>Maria-Grazia Ascenzi</p>
		<p>Examiner Name</p>	<p>K. Thangavelu</p>
		<p>Art Unit</p>	<p>2123</p>
<p>TOTAL AMOUNT OF PAYMENT</p>	<p>(\$) 1,510.00</p>	<p>Attorney Docket No.</p>	<p>04079/100H629-US2</p>

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____


☐ Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION																	
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																	
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)										
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)											
Utility	300	150	500	250	200	100											
Design	200	100	100	50	130	65											
Plant	200	100	300	150	160	80											
Reissue	300	150	500	250	600	300											
Provisional	200	100	0	0	0	0											
2. EXCESS CLAIM FEES																	
Fee Description					Small Entity												
	Fee (\$)		Fee (\$)		Fee (\$)	Fee (\$)											
Each claim over 20 (including Reissues)					50	25											
Each independent claim over 3 (including Reissues)					200	100											
Multiple dependent claims					360	180											
<table border="0"> <tr> <td><u>Total Claims</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> <td><u>Multiple Dependent Claims</u></td> </tr> <tr> <td>50</td> <td>- 20 = 30</td> <td>x 25.00 =</td> <td>750.00</td> <td><u>Fee (\$)</u> <u>Fee Paid (\$)</u></td> </tr> </table>								<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	50	- 20 = 30	x 25.00 =	750.00	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>													
50	- 20 = 30	x 25.00 =	750.00	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>													
<table border="0"> <tr> <td><u>Indep. Claims</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td>2</td> <td>- 3 =</td> <td>x</td> <td>=</td> </tr> </table>								<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	2	- 3 =	x	=		
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>														
2	- 3 =	x	=														
3. APPLICATION SIZE FEE																	
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																	
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>													
	- 100 =	/50	(round up to a whole number) x	=													
4. OTHER FEE(S)																	
				<u>Fees Paid (\$)</u>													
Non-English Specification, \$130 fee (no small entity discount)																	
Other (e.g., late filing surcharge): 2253 Extension for response within third month					510.00												
2401 Notice of appeal					250.00												

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	53,480
Name (Print/Type)	Denise L. Poy	Telephone	(212) 527-7700
		Date	August 19, 2005

Express Mail Label No. _____ Dated: _____

W:\04079\100H629US2\00505079.DOC {00000000-0000-0000-0000-000000000000}